

Food allergies are estimated to affect approximately 15 million individuals, and the rate of food allergy has doubled in the past 10 years.¹⁻⁴ For families affected by food allergy, anxiety is high and quality of life low.⁵⁻⁹ Simple pleasures, such as dining out, can represent a terror-filled experience. You have heard several examples today of rather graphic and gripping testimony to that effect.

Lack of awareness of, and lack of response to food allergy has been pervasive within the restaurant industry. Despite improved public awareness of the dangers of food allergy, there have been at least 16 deaths in the past 5 years directly related to food allergens provided by a food service establishment, including 6 in the past 2 years.¹⁰ HB 730 proposes to help reduce this risk.

The bill requires allergy awareness training through a formal on-line program for certain staff, to enhance understanding of what a food allergy is, how food allergy requests should be handled, and the potential consequences of what could occur from even trace exposure to allergens. Additionally, the bill requires food service establishments to display a sign containing information about the 8 major US allergens and the life-threatening nature of food allergies. These are simple measures that will simultaneously increase food allergy awareness, highlight the danger of food allergy, and remind customers of their role in the food allergy prevention chain.

Data suggests low food allergy awareness among the food service establishment.^{11,12} A 2007 study of 100 restaurant personnel noted that only 42% reported receiving any food allergy awareness training, and many false beliefs were rampant--24% who believed small quantities of allergen were tolerable, 35% that cooking destroys most allergens, and 25% that it was safe to pick off allergens from a finished meal.¹¹ None of these practices are safe. Data from a 2011 British study were similar--38% believed water could dilute an ingested allergen, 23% that small quantities of allergen were tolerable, 21% that allergens could be safely picked off a finished meal, 16% that cooking reduces a food's allergy-causing potential, and 12% that food allergy could be fatal.¹² There is a translatable cost to this--in a registry of fatalities directly attributable to food allergy, 29 of 63 fatalities -- nearly half -- were directly attributable to food provided by a service establishment.^{13,15}

This lack of awareness translates to risk for the consumer. Sicherer noted that among 127 known peanut/tree nut allergic reactions occurring in restaurant patrons, 78% were caused by known nut containing items (50% of which were unlabeled on the menu), and 22% via cross-contamination. In 48 reactions, the restaurant staff was directly notified of the allergy.¹⁶ In a study of 586 peanut and tree nut allergic individuals I conducted, we noted that only 12% reported menu items were labeled for allergen content, 28% were informed by staff that they had verified the item ultimately causing the reaction contained no nuts, and that only 30% of those providing allergen notification felt staff understood their instructions.¹⁷ These trends are concerning considering that ~50% of the reactions reported in these studies had symptoms consistent with life threatening anaphylaxis.¹⁸⁻²⁰ In depth focus group study of dining choices of nut allergic individuals noted avoidance of particular restaurants and certain dishes felt to be of high risk to contain allergens (e.g., ethnic foods and desserts), and a deliberate seeking out of familiar/trusted establishments associated with past "positive experiences" as anxiety reducing strategies. Other prominent themes involved extensive planning when dining out as well as the social stigma and unwanted/negative attention from staff while ordering food.²⁰

The collective effect of these experiences results in increased anxiety and reduced quality of life in both the caregiver and the patient. This has been consistently measured in many food allergy quality of life studies.⁵⁻⁹ I recently noted in 2 studies, involving a total of 4,500 patients, that the quality of life area related to dining out was associated with the single worst score on the 17 item quality of life index, and deviated from the average index score by nearly twice the quantity required to have a clinical impact on

a patient's life.^{21, 22} Dining outside of the home is a significant issue to food allergic families, more so, comparatively, than the ability to safely treat a reaction, or other concerns about the allergic individual's well-being.

The food allergic diner faces uncertainty, concern regarding their safety, lack of trust, and embarrassment that drastically reduces their quality of life. These sentiments have been echoed by the others testifying today. Their personal stories should resonate as just a small glimpse of the daily burden with which they live. Simple joys, such as a night out to eat, are not experienced.

These data so urgently speak to the need for comprehensive training of restaurant and food service establishment staff, to increase the likelihood of compliance with requests, and reduce the risk of reactions. The training specifically targets educating staff about the risk of food allergy, why special requests are necessary, and highlights the serious consequences of serving a customer his or her allergen(s). The purpose of the proposed legislation is not to regulate what dishes can or cannot be served at a particular establishment. It does not aim to prevent peanut, shellfish, or some other allergen from being served. It aims to allow wait staff to know what allergens are contained in the dishes they serve, cooks and chefs to know how to reduce allergen cross-contamination, and management to know their suppliers and food sources. All of this will result in the customer being best informed when ordering.

This training will be provided free of cost and will be relatively short in duration. Our food allergy center will graciously underwrite the cost of this, given how urgently we see this as a need for the people in this state. The training program under development will ask questions to reinforce what is important to understand and retain as a measure to denote applied learning to enhance its credibility. Building allergen safety into the culture of food service is as vital as safe food handling for foodborne illnesses, and can be easily adapted within existing industry training programs. The level of skill required to master these measures is no different than anything already required for foodborne illness safety training, and we have the utmost confidence that these awareness measures are both very easy to implement and so intuitive that they will become second nature.

Food allergic individuals are all potential customers, and failure to accommodate these individuals' needs represents an enormous economic opportunity cost to both small business owners and the state in terms of potential for lost tax revenue from thriving businesses. Given a conservative estimate that 20% of the 15 million individuals would dine out and request accommodation, assuming an average family size of 3 and check of \$50, this represents \$45 million in potential lost revenue per week.²³ Therefore, training should not be viewed as a burden, but rather as an investment in a market segment that will reward allergen awareness with loyalty that comes from earning their trust.⁵ It truly does represent a win-win situation.

Additionally, this bill builds on the success of similar legislation – the Allergen Awareness Act - that has been in effect in Massachusetts since 2009. Allergy awareness among food service staff has increased significantly in that state, as evidenced by letters, emails, and social media posts from the food allergy community to consumer groups throughout the country. The Massachusetts Department of Health has done a tremendous job implementing this important law, and I encourage members of this committee to reach out to them.

References

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